# QUARTERLY REPORTS

### **LCC Coordinator Information**

| Name(s) | Email | Phone | Address |
|---------|-------|-------|---------|
|         |       |       |         |
|         |       |       |         |

### **Instructions:**

- Names: the name of the coordinator must be the one who is currently working at LLC. If new coordinator is appointed, the change must reflect in this form.
- **Email:** the email address must be current.
- Phone: the phone number must be official number of LCC Office or LLC coordinator if LCC does not have office line.
- Address: the address must be included for all those LCC which operates at office.

### Note:

- LCC must notify the Behavioral Health Division of any change in the above mentioned information.
- It is important to keep updated information to maintain regular communication.

# **Technical Assistance Request**

| P | lease provide detailed description |  |  |
|---|------------------------------------|--|--|
|   |                                    |  |  |
|   |                                    |  |  |
|   |                                    |  |  |
|   |                                    |  |  |

#### Instructions:

- Provide detail of all those technical requests which are made during this quarter.
- **Examples:**
- Assistance in statutory compliance i.e. meeting 25 % of statutory requirement for each bucket (education/prevention, treatment/intervention and criminal justice)
- Assistance in finding resources i.e. reliable data sources, treatment providers and legal/civil aid etc.
- Assistance in grant funding process.

### **Barriers**

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|                     |  |  |

### **Instructions:**

- LLC must state barriers which were encountered during this quarter.
- Examples:
- Lack of access to data
- Lack of sufficient funds
- Lack of available resources

#### Note:

▶ All LCCs which do not face any barriers may state **NONE** in box.

### **Successes**

| What are you proud of? |  |  |  |
|------------------------|--|--|--|
|                        |  |  |  |
|                        |  |  |  |
|                        |  |  |  |
|                        |  |  |  |

### Instructions:

- LLC must describe any accomplishments achieved during the quarter.
- Examples:
- Decrease in alcohol and drug related arrest
- Decrease in recidivism rate
- Increased availability of treatment options in county
- Increased awareness among general public about harm of alcohol and drug abuse

# **Meetings During Quarter**

| Meeting Location | Date           | Number of Attendees | Meeting Minutes |
|------------------|----------------|---------------------|-----------------|
| 101 W. Street    | April 16, 2020 | 14                  | (Y/N)           |
|                  |                |                     |                 |
|                  |                |                     |                 |
|                  |                |                     |                 |

Meeting minutes must be sent to BH@cji.in.gov

### Programs and SMART Goals

Program and SMART Goals

| Program Name/Description                          | Amount Awarded | Applicable SMART Goal |  |
|---|----------------|-----------------------|--|
| Prevention/Education                              |                |                       |  |
| Boys and Girls Club: Alcohol, Tobacco and         | \$1,000        | Problem Statement #1, |  |
| Drug Prevention and Awareness event. This one-    |                | Goal 2                |  |
| day event (Basketball Spectacular) draws over     |                |                       |  |
| 1,500 children, parents and grandparents together |                |                       |  |
| to encourage healthy and active lifestyles.       |                |                       |  |
| Information will be distributed regarding abuse   |                |                       |  |
| and misuse of alcohol, marijuana, prescription    |                |                       |  |
| and other drugs.                                  |                |                       |  |

| Program Description                            | Amount Awarded | Applicable SMART Goal |
|--|----------------|-----------------------|
| Treatment/Intervention                         |                |                       |
| Residential Recovery Center. The program       | \$2,500        | Problem Statement #3, |
| provides safe and supportive care to those     | (              | Goal 1                |
| wishing to recover from drugs and alcohol. The |                |                       |
| residents are offered assistance in gaining    |                |                       |
| employment, treatment resources, adjustment in |                |                       |
| the recovery community, life skills, and re-   |                |                       |
| unification with family members.               |                |                       |

| Program Description                              | Amount Granted | Applicable SMART Goal |
|--|----------------|-----------------------|
| Criminal Justice Services/Activities             |                |                       |
| Peer Recovery Coaches will be used to assist law | \$3,000        | Problem Statement #2, |
| enforcement and EMS going on overdose calls.     | (              | Goal 1                |
| The desire is to have a trusted peer presence in |                |                       |
| order to bridge the gap between officers and     |                |                       |
| individuals with SUD. Funding will be used to    |                |                       |
| pay a Peer Recovery Coach Coordinator and Peer   |                |                       |
| Recovery Coaches.                                |                |                       |

- Program name and description should provide clear and concise information
- Nexus between Program and SMART Goal identified in CCP
- Programs may apply to more than one SMART Goal

# Budget

Q1 Budget

| Ca         | tegory       | Approved CCP<br>Budget | This Quarter<br>Expenditures | Total<br>Expenditures | Balance |
|------------|--------------|------------------------|------------------------------|-----------------------|---------|
| Prevention | /Education   | \$3,000                | \$1,000                      | \$1,000               | \$2,000 |
| Treatment  | Intervention | \$3,000                | \$2,500                      | \$2,500               | \$500   |
| Criminal J | Tustice      | \$3,000                | \$3,000                      | \$3,000               | \$0     |
| Services/A | ctivities    |                        |                              |                       |         |
| Administra | ative        | \$3,000                | \$750                        | \$750                 | \$2,250 |
|            | Totals:      | \$12,000               | \$7,250                      | \$7,250               | \$4,750 |

- Approved CCP Budget: amount allotted per category approved by the LCC. This was identified in the fund document portion of the CCP.
- This Quarter Expenditures: amount distributed during the quarter.
- Total Expenditures: total amount distributed for the year
- Balance: unused funds for the year ("Approved CCP Budget" minus "Total Expenditures")

# Budget (cont.)

Q2 Budget

| Category               | Approved CCP<br>Budget | This Quarter<br>Expenditures | Total<br>Expenditures | Balance |  |
|------------------------|------------------------|------------------------------|-----------------------|---------|--|
| Prevention/Education   | \$3,000                | \$1,000                      | \$2,000               | \$1,000 |  |
| Treatment/Intervention | \$3,000                | \$500                        | \$3,000               | \$0     |  |
| Criminal Justice       | \$3,000                | \$0                          | \$3,000               | \$0     |  |
| Services/Activities    |                        |                              |                       |         |  |
| Administrative         | \$3,000                | \$750                        | \$1,500               | \$1.500 |  |
| Totals:                | \$12,000               | \$2,250                      | \$9,500               | \$2,500 |  |

Q3 Budget

| Cat         | tegory       | Approved CCP<br>Budget | This Quarter<br>Expenditures | Total<br>Expenditures | Balance |
|-------------|--------------|------------------------|------------------------------|-----------------------|---------|
| Prevention  | /Education   | \$3,000                | \$1,000                      | \$3,000               | \$0     |
| Treatment/  | Intervention | \$3,000                | \$0                          | \$3,000               | \$0     |
| Criminal J  | ustice       | \$3,000                | \$0                          | \$3,000               | \$0     |
| Services/Ac | ctivities    |                        |                              |                       |         |
| Administra  | tive         | \$3,000                | \$750                        | \$2,250               | \$750   |
|             | Totals:      | \$12,000               | \$1,750                      | \$11,250              | \$750   |

Q4 Budget

| Category               | Approved CCP<br>Budget | This Quarter<br>Expenditures | Total<br>Expenditures | Balance |
|------------------------|------------------------|------------------------------|-----------------------|---------|
| Prevention/Education   | \$3,000                | \$0                          | \$3,000               | \$0     |
| Treatment/Intervention | \$3,000                | \$0                          | \$3,000               | \$0     |
| Criminal Justice       | \$3,000                | \$0                          | \$3,000               | \$0     |
| Services/Activities    |                        |                              |                       |         |
| Administrative         | \$3,000                | \$750                        | \$3,000               | \$0     |
| Totals:                | \$12,000               | \$750                        | \$12,000              | \$0     |

Total Expenditures

Balance =

**Approved CCP Budget** 

# Due Dates:

| <u>Quarter</u>                   | <u>Due Date</u>  |
|----------------------------------|------------------|
| Quarter 1 Report (Apr - Jun)     | July 15, 2020    |
| Quarter 2 Report (Jul - Sept)    | October 15, 2020 |
| Quarter 3 Report (Oct - Dec)     | January 15, 2021 |
| Quarter 4 Report ("End of Year") | April 15, 2021   |

# Questions and Other Info

Please submit any questions that you may have to <a href="mailto:bh@cji.in.gov">bh@cji.in.gov</a>. Please title the subject as "Quarterly Report Webinar."